OSHA All Admin Forms Bundle

FORBES SAFETY SOLUTIONS

Complete bundle — 15 templates included

Editable Word/Excel/PowerPoint versions available at forbessafetysolutions.com/downloads/

Table of Contents

[COMPANY NAME]

ANNUAL SAFETY PROGRAM AUDIT

AUDIT OVERVIEW	
Company Name:	[COMPANY NAME]
Audit Date:	
Auditor(s):	
Facility / Site:	
Audit Scope:	
Previous Audit Date:	
Previous Audit Score:	

OVERALL SCORE SUMMARY	
Total Items Audited:	40
Compliant Items:	(Count from Checklist)
Non-Compliant Items:	(Count from Checklist)
Compliance Percentage:	(Calculated)
Overall Rating:	(Excellent / Good / Needs Improvement / Poor)

Rating Scale: 90-100% = Excellent | 75-89% = Good | 60-74% = Needs Improvement | Below 60% = Poor

Category	Item #	Audit Item	Compliant (Y/N)
1. Management Commitment			
Management Commitment	1	Written safety policy posted and communicated	
Management Commitment	2	Safety budget allocated and reviewed	
Management Commitment	3	Management participation in safety meetings	
Management Commitment	4	Safety goals and objectives established	
Management Commitment	5	Employee safety suggestions program in place	
2. Hazard Assessment			
Hazard Assessment	6	JHA/JSA conducted for all tasks	
Hazard Assessment	7	Regular site inspections performed and documented	
Hazard Assessment	8	Hazard reporting system in place and utilized	
Hazard Assessment	9	Chemical inventory current and accessible	
Hazard Assessment	10	Ergonomic assessments completed where needed	
3. Training			
Training	11	New hire safety orientation documented	
Training	12	Annual refresher training completed for all employees	
Training	13	Competent person training current	
Training	14	First aid/CPR/AED training current	
Training	15	Task-specific training documented	
4. Emergency Preparedness			
Emergency Preparedness	16	Emergency action plan current and accessible	
Emergency Preparedness	17	Evacuation drills conducted and documented	
Emergency Preparedness	18	First aid supplies stocked and inspected	
Emergency Preparedness	19	Emergency contacts posted at all locations	
Emergency Preparedness	20	Fire extinguishers inspected monthly	
5. PPE			
PPE	21	PPE hazard assessment completed and documented	
PPE	22	PPE provided at no cost to employees	
PPE	23	PPE training documented for all employees	
PPE	24	PPE inspection program in place	
PPE	25	Proper PPE storage and maintenance	
6. Recordkeeping			
Recordkeeping	26	OSHA 300 log current and accurate	
Recordkeeping	27	OSHA 300A posted (February 1 – April 30)	
Recordkeeping	28	Training records organized and accessible	
Recordkeeping	29	Inspection records maintained	
Recordkeeping	30	SDS library current and accessible	

7. Incident Management			
Incident Management	31	Incident investigation procedure documented	
Incident Management	32	Root cause analysis completed for all incidents	
Incident Management	33	Corrective actions tracked to completion	
Incident Management	34	Lessons learned communicated to workforce	
Incident Management	35	Near miss reporting active and encouraged	
8. Subcontractor Management			
Subcontractor Management	36	Pre-qualification process established	
Subcontractor Management	37	Safety orientation required for all subcontractors	
Subcontractor Management	38	Insurance and workers' comp verification on file	
Subcontractor Management	39	Subcontractor performance monitoring in place	
Subcontractor Management	40	Site safety rules communicated and enforced	

TOTAL AUDIT ITEMS: 40

nnual Safety Program Audit Checklist

Finding / Notes	Priority (H/M/L)	Action Required

Responsible Person	Due Date

CAR #	Audit Item Ref	Finding Description	Root Cause
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Statu

AME] — Corrective Action Register

Corrective Action	Responsible Person	Due Date	Status

s Options: Open | In Progress | Closed

Closure Date	Verified By

CONTRACTOR SAFETY PRE-QUALIFICATION QUESTIONNAIRE

[COMPANY NAME]

COMPANY INFORMATION

Company Name: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____ **Email:** _____

Website: _____ **Federal Tax ID:** _____

Years in Business: _____

PRIMARY CONTACT

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

SAFETY CONTACT

Name: _____ **Title:** _____

Phone: _____ **Email:** _____

TYPE OF WORK PERFORMED

_____

_____

_____

INSURANCE INFORMATION

Type	Carrier	Policy #	Expiration Date	Coverage Limits
General Liability				
Auto Liability				
Workers Compensation				
Umbrella / Excess				

SAFETY PROGRAM

Do you have a written safety program? ☐ Yes ☐ No

Do you conduct regular safety meetings? ☐ Yes ☐ No Frequency: _____

Do you have a substance abuse program? ☐ Yes ☐ No

Do you provide safety orientation for new hires? ☐ Yes ☐ No

Do you have a competent person on each jobsite? ☐ Yes ☐ No

EMR (EXPERIENCE MODIFICATION RATE)

Current Year: _____ **Prior Year:** _____ **Two Years Prior:** _____

OSHA RECORDABLE RATES

Year	Total Hours Worked	Recordable Incidents	TRIR	DART	Fatalities

OSHA CITATIONS

Have you received any OSHA citations in the past 3 years? ☐ Yes ☐ No

If yes, describe:

_____

_____

_____

REFERENCES

Company Name	Contact Person	Phone	Project Description

REQUIRED ATTACHMENTS

Please include the following with your submission:

☐ Certificate of Insurance
☐ Written Safety Program
☐ EMR Letter
☐ OSHA 300A Logs (3 years)
☐ Drug Testing Policy

CERTIFICATION

I certify that the information provided in this questionnaire is true and accurate to the best of my knowledge. I understand that any false or misleading information may result in disqualification from consideration.

Authorized Representative Name: _____ **Title:** _____

Signature: _____ **Date:** _____

NEAR MISS / GOOD CATCH REPORT

[COMPANY NAME]

EVENT INFORMATION

Report #: _____ **Date of Event:** _____ **Time of Event:** _____

Location / Project Name: _____ **Specific Area:** _____

REPORTER INFORMATION

Reporter Name: _____ **Position:** _____ **Phone:** _____

Supervisor Notified: Name: _____ **Date:** _____ **Time:** _____

EVENT DESCRIPTION

Describe what happened, who was involved, and what could have happened:

_____

_____

_____

_____

_____

CONTRIBUTING FACTORS

Check all that apply:

☐ Unsafe Condition ☐ Unsafe Behavior ☐ Equipment Failure

☐ Weather ☐ Housekeeping ☐ Lack of Training

☐ PPE Issue ☐ Communication ☐ Other: _____

ROOT CAUSE

_____

_____

_____

CORRECTIVE ACTIONS

Action	Responsible Person	Target Date	Completion Date

RISK RATING

☐ Low ☐ Medium ☐ High ☐ Critical

REVIEW

Reviewed By (Name): _____ **Title:** _____

Date: _____ **Signature:** _____

OSHA CITATION RESPONSE LETTER

[COMPANY NAME]

[Company Address]
[City, State ZIP]
Phone: [Company Phone] | Email: [Company Email]

[Date]

[Area Director Name]
OSHA Area Office
[Office Address]
[City, State ZIP]

RE: Inspection Number: _____ | Citation Number: _____ | Penalty Amount: $_____

Dear Area Director:

This letter is in response to the citation(s) issued to [COMPANY NAME] following OSHA Inspection Number _____ conducted on _____. We have carefully reviewed the citation(s) and penalty(ies) and provide the following response for your consideration.

CITATION ITEM 1

Citation #, Item #:	Citation ___, Item ___
Standard Cited:	[e.g., 29 CFR 1926.501(b)(1)]
Classification:	[Serious / Other-Than-Serious / Willful / Repeat]
Proposed Penalty:	$_____

Alleged Violation Description:

[Describe the alleged violation as stated in the citation]

Company Response:

- ☐ We ACCEPT this citation and have abated the hazard as described below
- ☐ We CONTEST this citation (see attached Contest Notice)
- ☐ We request an INFORMAL CONFERENCE to discuss this citation

Abatement Actions Taken:

Action Taken	Date Completed	Responsible Person

Supporting Documentation Enclosed:

- ☐ Photographs of corrected condition
- ☐ Training records
- ☐ Written safety programs / procedures
- ☐ Equipment inspection records
- ☐ Other: _____

CITATION ITEM 2 (IF APPLICABLE)

Citation #, Item #:	Citation ___, Item ___
Standard Cited:	
Classification:	
Proposed Penalty:	$_____

Alleged Violation Description:

[Describe]

Company Response:

- ☐ We ACCEPT this citation and have abated the hazard
- ☐ We CONTEST this citation
- ☐ We request an INFORMAL CONFERENCE

Abatement Actions Taken:

Action Taken	Date Completed	Responsible Person

PENALTY

Original Penalty Amount:	$_____
Requested Reduction To:	$_____
Basis for Reduction:	[Good faith, size of business, history of violations, gravity of violation, prompt abatement, etc.]

ABATEMENT CERTIFICATION

I certify that the hazard(s) cited have been corrected as described above and that affected employees and their representatives have been informed of the abatement actions taken.

We appreciate the opportunity to address these citations and are committed to maintaining a safe and compliant workplace. Should you require any additional information or wish to schedule an informal conference, please contact the undersigned at your convenience.

Respectfully submitted,

Name:	
Title:	
Signature:	
Date:	

Enclosures:

- Photographs of abated conditions
- Training documentation
- Written safety programs
- Equipment inspection records
- [Additional documentation]

CC:

- Company Legal Counsel
- Insurance Carrier
- Safety Director
- [Other parties as appropriate]

RETURN TO WORK / MODIFIED DUTY AGREEMENT

[COMPANY NAME]

EMPLOYEE INFORMATION

Employee Name:	
Employee ID:	
Position / Job Title:	
Department:	
Supervisor:	
Date of Injury / Illness:	
Date of This Agreement:	

TREATING PHYSICIAN

Physician Name:	
Clinic / Hospital:	
Phone:	

WORK RESTRICTIONS (FROM PHYSICIAN)

The treating physician has indicated the following restrictions:

- ☐ No lifting over _____ lbs
- ☐ No standing for more than _____ hours
- ☐ No climbing
- ☐ No repetitive motions involving _____
- ☐ Must take breaks every _____ minutes
- ☐ Other restrictions: _____

MODIFIED DUTY ASSIGNMENT

Description of Modified Duties:	
Department / Location:	
Supervisor for Modified Duty:	
Start Date:	
Expected Duration:	
Review Date:	

SCHEDULE

Modified Work Hours — From:	
Modified Work Hours — To:	
Days Per Week:	

EMPLOYEE ACKNOWLEDGMENT

I understand and agree to comply with the work restrictions outlined above as prescribed by my treating physician. I acknowledge that I will perform only the modified duties described in this agreement and will not exceed the restrictions listed. I agree to immediately report to my supervisor any changes in my condition, any difficulty performing the modified duties, or if any assigned task causes pain or discomfort. I understand that failure to comply with these restrictions may result in disciplinary action and could jeopardize my recovery.

Employee Signature	Date: _____
Print Name: _____	
Signature: _____	

Supervisor Signature	Date: _____
Print Name: _____	
Signature: _____	

HR / Safety Manager Signature	Date: _____
Print Name: _____	
Signature: _____	

PHYSICIAN CLEARANCE

I have reviewed the modified duty assignment described above and confirm it is within the restrictions I have prescribed for the above-named employee.

Physician Signature	Date: _____
Print Name: _____	
Signature: _____	

SAFETY INCENTIVE PROGRAM GUIDE

[COMPANY NAME]

PURPOSE

[COMPANY NAME] is committed to maintaining a safe and healthy work environment for all employees, subcontractors, and visitors. This Safety Incentive Program is designed to recognize and reward individuals and teams who demonstrate exceptional commitment to workplace safety. The program encourages proactive safety behaviors, hazard reporting, and continuous improvement of our safety culture.

PROGRAM GOALS

- Reinforce a culture of safety awareness and personal responsibility
- Recognize and reward employees who actively contribute to a safe workplace
- Encourage reporting of hazards, near misses, and safety concerns
- Reduce workplace incidents and injuries through proactive engagement
- Promote safety leadership at all levels of the organization
- Continuously improve safety performance through measurable goals

ELIGIBILITY

All full-time and part-time employees of [COMPANY NAME] are eligible to participate in this program. Temporary workers and subcontractor employees may be included at management's discretion. To be eligible for awards, participants must:

- Be in good standing with the company (no active disciplinary actions)
- Have completed all required safety training
- Comply with all company safety policies and procedures
- Actively participate in safety meetings and toolbox talks

PROGRAM DURATION / TRACKING PERIOD

The program operates on [quarterly / annual] tracking periods. Points and achievements are tracked from [Start Date] to [End Date]. At the end of each tracking period, awards are distributed and point totals reset for the next period.

RECOGNITION CATEGORIES

Category	Criteria	Award / Recognition
Zero Lost Time Incidents	No lost time incidents for the tracking period	Certificate + Safety Bonus
Safety Suggestion of the Month	Best actionable safety improvement suggestion	Gift Card + Recognition
Perfect Safety Inspection Score	100% compliance on safety inspection	Safety Swag + Certificate
Toolbox Talk Leader	Voluntarily leads toolbox talk sessions	Points + Recognition
Near Miss Reporter	Reports near misses to improve hazard identification	Points + Recognition

Annual Safety Champion	Highest overall safety contribution for the year	Trophy + Cash Award + Plaque

POINT SYSTEM

Employees earn points for safety-positive behaviors and achievements. Points accumulate throughout the tracking period.

Behavior / Achievement	Points Earned
Reporting a Near Miss	**+10**
Leading a Toolbox Talk	**+5**
Zero Incidents for 30 Days	**+20**
Safety Suggestion Implemented	**+25**
Completing Voluntary Safety Training	**+15**
Correcting a Hazard on the Spot	**+10**
Perfect Score on Safety Quiz	**+5**
Mentoring a New Employee on Safety	**+15**

REWARD TIERS

Points Required	Reward
25 Points	Safety Swag (hat, t-shirt, water bottle)
50 Points	$25 Gift Card
100 Points	$50 Gift Card + Certificate of Recognition
200 Points	Safety Champion Award + $100 Gift Card + Plaque

DISQUALIFICATION CRITERIA

Participants may be disqualified from the program for the current tracking period if any of the following occur:

- Failure to report an injury, incident, or near miss
- Violation of any company safety policy or procedure
- Positive result on a drug or alcohol test
- Receiving a disciplinary action related to safety
- Tampering with safety equipment or devices
- Retaliation against an employee for reporting a safety concern
- Falsifying safety records or documentation

IMPORTANT: This program does not discourage reporting of injuries, illnesses, or safety concerns. All employees are encouraged and required to report all incidents regardless of incentive program participation. No employee will face adverse action for reporting a workplace injury or safety concern.

ADMINISTRATION

This program is administered by the Safety Department in coordination with Human Resources and project/site management. Responsibilities include:

- Safety Manager: Overall program oversight, point tracking, and award distribution
- Site Supervisors: Nominate employees, verify safety behaviors, submit point requests
- Human Resources: Budget coordination, compliance review, record keeping

• Program Review: This program will be reviewed [quarterly/annually] to assess effectiveness and make improvements

PROGRAM APPROVAL

Role	Name	Signature	Date
Safety Director			
Human Resources Manager			
Operations Manager			
Company Executive			

SAFETY MEETING MINUTES

[COMPANY NAME]

MEETING INFORMATION

Meeting Date: _____ **Time:** _____

Location: _____ **Meeting Type (Weekly / Monthly / Special):** _____

Facilitator: _____

ATTENDEES

Name	Title / Role	Department	Signature

AGENDA ITEMS

Item #	Topic	Presented By	Discussion Summary

ACTION ITEMS

Action Item	Responsible Person	Due Date	Status

OLD BUSINESS

_____
_____
_____

NEW BUSINESS

_____
_____
_____

NEXT MEETING

Next Meeting Date: _____ **Next Meeting Time:** _____

Location: _____

Minutes Recorded By: _____

Signature: _____ **Date:** _____

SAFETY VIOLATION / DISCIPLINARY ACTION NOTICE

CONFIDENTIAL

[COMPANY NAME]

EMPLOYEE INFORMATION

Employee Name: _____ **Employee ID:** _____

Position / Title: _____ **Department:** _____

Supervisor: _____ **Date of Violation:** _____

Project / Site Name: _____ **Location:** _____

TYPE OF VIOLATION

☐ First Offense ☐ Second Offense ☐ Third Offense ☐ Willful Violation

SEVERITY

☐ Minor ☐ Serious ☐ Willful ☐ Repeat

VIOLATION DETAILS

OSHA Standard / Company Policy Violated: _____

Description of Violation:

_____

_____

_____

_____

Witness Name: _____ **Witness Title:** _____

DISCIPLINARY ACTION TAKEN

☐ Verbal Warning ☐ Written Warning ☐ Suspension (____ days)
☐ Retraining Required ☐ Termination ☐ Other: _____

CORRECTIVE ACTION REQUIRED

_____

_____

_____

Deadline for Corrective Action: _____

EMPLOYEE STATEMENT / RESPONSE

_____

_____

_____

_____

SIGNATURES

Employee

Name: _____ **Signature:** _____ **Date:** _____

Supervisor

Name: _____ **Signature:** _____ **Date:** _____

Safety Manager

Name: _____ **Signature:** _____ **Date:** _____

Employee signature acknowledges receipt of this notice, not necessarily agreement.

SITE-SPECIFIC SAFETY PLAN

[COMPANY NAME]

PROJECT INFORMATION

Project Name:	
Project #:	
Location / Address:	
Owner / Client:	
General Contractor:	
Start Date:	
Est. Completion Date:	

EMERGENCY INFORMATION

911 Address (Physical):	
Nearest Hospital Name:	
Hospital Address:	
Hospital Phone:	
Hospital Distance:	
Urgent Care Facility:	

EMERGENCY CONTACTS

Role	Name	Phone
Project Manager		
Site Safety Officer		
Superintendent		
Client Representative		

TABLE OF CONTENTS

1. Purpose & Scope

This Site-Specific Safety Plan (SSSP) has been prepared by [COMPANY NAME] to establish safety requirements, procedures, and responsibilities for the project identified above. The purpose of this plan is to:

- Identify site-specific hazards and controls
- Establish roles and responsibilities for safety
- Define emergency procedures
- Ensure compliance with applicable OSHA regulations and company policies

2. Project Description

[Provide a detailed description of the project scope of work, including type of construction, key activities, and approximate project value.]

3. Roles & Responsibilities

Role	Name	Responsibilities
Project Manager		Overall project oversight and safety accountability
Site Safety Officer		Daily safety inspections, hazard identification, training coordination
Superintendent		Enforce safety rules, conduct toolbox talks, manage subcontractors
Foreman		Crew-level safety supervision, pre-task planning
Workers		Follow safety rules, report hazards, wear required PPE

4. Site Safety Rules

1. All personnel must attend site orientation before beginning work.
2. Personal protective equipment (PPE) must be worn at all times in designated areas.
3. Fall protection is required at heights of 6 feet or more.
4. No worker shall operate equipment without proper training and authorization.
5. All excavations over 5 feet deep require protective systems.
6. Lockout/Tagout procedures must be followed for all energy isolation.
7. Housekeeping must be maintained at all times — clean as you go.
8. No horseplay, fighting, or working under the influence of drugs or alcohol.
9. All incidents, injuries, and near misses must be reported immediately.
10. Hot work permits are required for all welding, cutting, and grinding operations.

5. Hazard Assessment

Phase of Work	Hazards Identified	Controls	Responsible Person
Excavation	Cave-in, utility strikes	Protective systems, utility locates	
Steel Erection	Falls, struck-by	Fall protection, exclusion zones	
Concrete Work	Chemical burns, manual handling	PPE, proper lifting techniques	
Electrical	Electrocution, arc flash	LOTO, qualified workers only	
Roofing	Falls, heat illness	Guardrails/harness, hydration plan	

6. Required Training

Training Topic	Required For	Frequency	Provider

OSHA 10/30-Hour	All workers / Supervisors	Once	
Site-Specific Orientation	All personnel	Per project	[COMPANY NAME]
Fall Protection	Workers at heights	Annual	
Scaffold Competent Person	Scaffold users	As needed	
First Aid / CPR / AED	Designated personnel	Every 2 years	
Hazard Communication	All workers	Annual	

7. PPE Requirements

Task / Area	Hard Hat	Safety Glasses	Hi-Vis	Gloves	Fall Protection	Hearing	Respiratory
General Site	✓	✓	✓	—	—	—	—
Excavation Work	✓	✓	✓	✓	—	—	As needed
Steel Erection	✓	✓	✓	✓	✓	—	—
Grinding/ Cutting	✓	✓	✓	✓	—	✓	As needed
Confined Space	✓	✓	✓	✓	✓	—	✓

8. Emergency Procedures

Fire Emergency

1. Alert all personnel in the immediate area. 2. Call 911. 3. Evacuate to assembly point. 4. Account for all personnel. 5. Do not re-enter until cleared by fire department.

Medical Emergency

1. Call 911 (or designated first responder). 2. Administer first aid if trained. 3. Do not move injured person unless in immediate danger. 4. Notify Site Safety Officer and Project Manager. 5. Complete incident report.

Severe Weather

1. Monitor weather alerts. 2. Cease work and secure materials when severe weather is imminent. 3. Move to designated shelter. 4. Resume work only when all-clear is given.

Evacuation Assembly Point

[Describe the designated assembly point location for this project site.]

9. Incident Reporting Procedures

All incidents, injuries, near misses, and property damage must be reported immediately to the Site Safety Officer and Project Manager. The following steps shall be taken:

1. Provide first aid and medical attention as needed.
2. Secure the scene and preserve evidence.
3. Notify the Site Safety Officer and Project Manager.
4. Complete the Incident Report Form within 24 hours.
5. Conduct an investigation and root cause analysis.
6. Implement corrective actions.
7. Communicate lessons learned to the project team.

10. Subcontractor Requirements

All subcontractors working on this project shall:

- Provide a copy of their safety program.
- Submit proof of insurance and workers' compensation coverage.
- Complete site-specific orientation before beginning work.

- Submit safety data sheets (SDS) for all chemicals brought on site.
- Provide documentation of employee training and competency.
- Comply with all site safety rules and the requirements of this SSSP.
- Participate in safety meetings and toolbox talks.
- Report all incidents and near misses immediately.

11. Safety Inspections & Audits Schedule

Inspection Type	Frequency	Responsible	Notes
Daily Site Inspection	Daily	Site Safety Officer	
Weekly Safety Walk	Weekly	Project Manager / Safety	
Monthly Safety Audit	Monthly	Safety Director	
Crane/Equipment Inspection	Per use / Monthly	Competent Person	
Scaffold Inspection	Daily / After weather	Competent Person	

12. Document Control & Revision History

Rev #	Date	Description	Approved By
0		Initial Issue	
1			
2			

APPROVAL SIGNATURES

Prepared By	Name:	
	Title:	
	Signature:	
	Date:	

Reviewed By	Name:	
	Title:	
	Signature:	
	Date:	

Approved By	Name:	
	Title:	
	Signature:	
	Date:	

TOOLBOX TALK ATTENDANCE LOG

[COMPANY NAME]

TALK INFORMATION

Date: _____ **Project / Site Name:** _____

Talk Topic: _____ **Presenter Name:** _____

Duration: _____

ATTENDANCE

#	Print Name	Company / Employer	Signature
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

KEY DISCUSSION POINTS

1. _____
2. _____

3. _____
4. _____
5. _____

QUESTIONS / COMMENTS FROM ATTENDEES

_____
_____
_____
_____

By signing above, I acknowledge that I attended this safety briefing and understand the topics discussed.

SIGNATURES

Presenter Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

FORBES SAFETY SOLUTIONS

INCIDENT / ACCIDENT INVESTIGATION REPORT

29 CFR 1904 (Recording and Reporting) | OSHA Incident Investigation Guidance

CONFIDENTIAL — This report contains sensitive information related to a workplace incident investigation.

SECTION 1: GENERAL INFORMATION

Report Number:	
Date of Incident:	
Time of Incident:	
Date Reported:	
Location:	
Project Name:	[PROJECT NAME]
Company Name:	[COMPANY NAME]
Supervisor on Duty:	
Weather Conditions:	
Lighting Conditions:	

SECTION 2: INJURED PERSON INFORMATION

Full Name:	
Job Title / Trade:	
Employee ID:	
Employer:	[COMPANY NAME]
Date of Hire:	
Experience (Years):	
Time on Current Job:	
Normal Work Hours:	
Hours Worked Before Incident:	

SECTION 3: INCIDENT DESCRIPTION

Describe what happened in detail. Include what the employee was doing, what went wrong, and the sequence of events leading to the incident.

What task was being performed at the time of the incident?

What equipment, tools, or materials were involved?

Were proper procedures being followed? If not, what deviated?

Were there any unusual conditions or circumstances?

SECTION 4: INJURY / ILLNESS DETAILS

Type of Incident:	☐ Injury ☐ Illness ☐ Near Miss ☐ Property Damage ☐ Environmental
Body Part(s) Affected:	
Nature of Injury:	☐ Laceration ☐ Fracture ☐ Burn ☐ Sprain/Strain ☐ Contusion ☐ Other:
Side of Body:	☐ Left ☐ Right ☐ Both ☐ N/A
Treatment Provided:	☐ First Aid On-Site ☐ EMS Transport ☐ Hospital ER ☐ Doctor/Clinic ☐ None
Medical Facility:	
Physician Name:	
Hospitalized?	☐ Yes ☐ No If yes, duration:
Lost Time?	☐ Yes ☐ No If yes, # days:
Restricted Duty?	☐ Yes ☐ No If yes, # days:

SECTION 5: WITNESS INFORMATION

#	Witness Name	Job Title	Contact Info	Statement Summary
1				
2				
3				

SECTION 6: ROOT CAUSE ANALYSIS — 5 WHYS

Starting with the incident, ask "Why?" repeatedly to identify the root cause. Each answer becomes the basis for the next "Why?"

	Question	Answer
Why 1	Why did the incident occur?	
Why 2	Why did that happen?	
Why 3	Why did that condition exist?	
Why 4	Why was that not addressed?	
Why 5	What is the root cause?	

SECTION 7: CONTRIBUTING FACTORS

Check all factors that contributed to the incident:

- ☐ Inadequate Training / Lack of Knowledge
- ☐ Inadequate Procedures / Work Instructions
- ☐ Weather / Environmental Conditions
- ☐ Housekeeping / Workplace Organization
- ☐ Inadequate Supervision / Oversight
- ☐ Inadequate Hazard Assessment / JSA
- ☐ Inexperience / New to Task
- ☐ Defective Equipment / Tools / Materials
- ☐ PPE Not Used / Not Available / Inadequate
- ☐ Fatigue / Impairment / Distraction
- ☐ Communication Failure / Misunderstanding
- ☐ Failure to Follow Established Procedures
- ☐ Time Pressure / Production Demands
- ☐ Other (specify below):

If Other, describe:

SECTION 8: CORRECTIVE ACTIONS

#	Corrective Action Item	Responsible Person	Target Date	Completion Date	Status
1					
2					
3					
4					
5					
6					

SECTION 9: OSHA RECORDABILITY DETERMINATION

Per 29 CFR 1904, determine if this incident is OSHA recordable. An injury or illness is recordable if it results in death, days away from work, restricted work or transfer, medical treatment beyond first aid, loss of consciousness, or a significant injury/illness diagnosed by a physician.

Is this OSHA Recordable?	☐ Yes ☐ No
Classification:	☐ First Aid Only ☐ Recordable — Medical Treatment ☐ Recordable — Restricted Duty ☐ Recordable — Days Away ☐ Fatality
OSHA 300 Log Entry #:	
OSHA Notification Required?	☐ Yes (Fatality within 8 hrs / Hospitalization, Amputation, or Eye Loss within 24 hrs) ☐ No
OSHA Notified?	☐ Yes ☐ No Date/Time: Method:
Workers' Comp Claim Filed?	☐ Yes ☐ No Claim #:

FIRST AID ONLY (Not Recordable)	OSHA RECORDABLE CRITERIA
• Non-prescription medications • Tetanus immunizations • Wound cleaning/flushing/soaking • Wound coverings (bandages, gauze) • Hot/cold therapy • Non-rigid splints/wraps • Eye patches, eye flushing	• Death • Days away from work • Restricted work or job transfer • Medical treatment beyond first aid • Loss of consciousness • Significant diagnosed condition • Needle stick / sharps exposure

SECTION 10: SIGNATURES & APPROVALS

Investigation Conducted By: _____ **Date:** _____

Supervisor Review: _____ **Date:** _____

Safety Manager Review: _____ **Date:** _____

Project Manager Review: _____ **Date:** _____

This form is intended to document workplace incidents for internal investigation and regulatory compliance purposes.
Retain all completed forms in accordance with 29 CFR 1904.33 (minimum 5 years).
Forbes Safety Solutions | Incident / Accident Investigation Report | Template

FORBES SAFETY SOLUTIONS

NEW HIRE SAFETY ORIENTATION CHECKLIST

EMPLOYEE INFORMATION

Employee Name: _____ **Date:** _____

Position/Title: _____ **Supervisor:** _____

Project/Site: _____ **Employee ID:** _____

ORIENTATION TOPICS

✓	Orientation Topic	Date Completed	Trainer Initials
☐	Company safety policy and commitment		
☐	Employee rights and responsibilities		
☐	OSHA recordkeeping and injury reporting		
☐	Hazard communication (GHS / SDS access)		
☐	Emergency action plan and evacuation routes		
☐	Fire prevention and extinguisher locations		
☐	First aid kit and AED locations		
☐	PPE requirements and proper use		
☐	Fall protection requirements		
☐	Electrical safety awareness		
☐	Excavation and trenching safety		
☐	Confined space awareness		
☐	Lockout / Tagout awareness		
☐	Heat illness prevention		
☐	Drug and alcohol policy		
☐	Disciplinary policy for safety violations		
☐	Stop Work Authority		
☐	Incident and near-miss reporting procedures		
☐	Site-specific hazards orientation		

This document is a template. Customize for your company's specific requirements.

☐	Tool and equipment inspection requirements		

✓	Site-Specific Items (Add as needed)	Date Completed	Trainer Initials
☐			
☐			
☐			
☐			
☐			

ACKNOWLEDGMENT

I acknowledge that I have received and understand the above safety orientation topics. I have had the opportunity to ask questions and all questions have been answered to my satisfaction. I understand that compliance with all safety rules and procedures is a condition of my employment.

Employee Signature: _____ **Date:** _____

Trainer Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

Retain completed form in employee file for duration of employment + 3 years.

Forbes Safety Solutions | Template generated 3/15/2026

This document is a template. Customize for your company's specific requirements.

Employee Name	Employee ID	Date Issued	PPE Item	Size

PPE ISSUE & TRACKING LOG

Forbes Safety Solutions | Ref: 29 CFR 1910.132

Manufacturer	Quantity	Condition at Issue	Employee Signature	Return Date

Forbes Safety Solutions — Safety is Our Standard

Generated: 2026-03-16

Condition at Return	Notes

PPE INVENTORY SUMMARY

Forbes Safety Solutions

PPE Item Type	Quantity in Stock	Reorder Level	Last Order Date
Hard Hat			
Safety Glasses			
Harness			
Gloves			
Hi-Vis Vest			
Respirator			
Face Shield			
Ear Plugs			
Steel Toe Boots			
Other			

OSHA's Form 300 — Log of Work-Related Injuries and Illnesses

Forbes Safety Solutions — [Company Name]

Establishment Name: _____ **Year:** _____ **City/State:** _____

Case No.	Identify the Person			Describe the Case		Classify the Case				Days Away / Restricted / Transfer			
Case No.	Employee Name	Job Title	Date of Injury/Illness	Where Event Occurred	Describe Injury/Illness, Parts of Body Affected, Object/Substance	Death	Days Away from Work	Job Transfer or Restriction	Other Recordable Cases	Days Away from Work	Days of Restricted Work	Injury (Inj)	Illness Type

Page Totals						**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

OSHA's Form 300A — Summary of Work-Related Injuries a

Forbes Safety Solutions

Establishment Information	
Establishment Name:	
Street Address:	
City, State, ZIP:	
Industry Description:	
Standard Industrial Classification (SIC):	
NAICS Code:	
Year:	
Annual Average Number of Employees:	
Total Hours Worked by All Employees:	

Number of Cases	
Total number of deaths	
Total number of cases with days away from work	
Total number of cases with job transfer or restriction	
Total number of other recordable cases	

Number of Days	
Total number of days away from work	
Total number of days of job transfer or restriction	

Injury and Illness Types	
Total number of injuries	
(1) Skin disorders	
(2) Respiratory conditions	
(3) Poisonings	
(4) Hearing loss	
(5) All other illnesses	

Certification — Post from February 1 to April 30 of the year following the year co

Company Executive Name: _____

Title: _____

Phone: _____

Signature: _____ Date: _____

nd Illnesses

0
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OSHA's Form 301 — Injury and Illness Incident Rep

Forbes Safety Solutions

Information About the Employee	
Full Name:	
Street Address:	
City, State, ZIP:	
Date of Birth:	
Date Hired:	
Gender:	

Information About the Physician or Other Health Care Professional	
Name of Physician/HCP:	
Facility Name:	
Facility Street Address:	
Facility City, State, ZIP:	
Was employee treated in emergency room? (Yes/No):	
Was employee hospitalized overnight as an inpatient? (Yes/No):	

Information About the Case	
Case Number from OSHA 300 Log:	
Date of Injury/Illness:	
Time Employee Began Work:	
Time of Event:	
What was the employee doing just before the incident occurred?:	
What happened? (Describe the event):	
What was the injury or illness? (Describe the injury/illness, body parts affected, object/substance):	
What object or substance directly harmed the employee?:	
If employee died, date of death:	

Completed By

Name:	
Title:	
Phone:	
Date:	
Signature:	

ort

OSHA 300 Recordkeeping Instructions

Forbes Safety Solutions

WHEN TO RECORD

You must record work-related injuries and illnesses that result in:

- Death
- Days away from work
- Restricted work or transfer to another job
- Medical treatment beyond first aid
- Loss of consciousness
- A significant injury or illness diagnosed by a physician or other licensed health care professional

You must record work-related needle stick injuries and sharps injuries, medical removal cases, hearing loss cases (s
tuberculosis cases.

WHAT QUALIFIES AS RECORDABLE

An injury or illness is recordable if it is work-related and results in one of the outcomes listed above.

First Aid Only — NOT Recordable:

- Using non-prescription medications at nonprescription strength
- Tetanus immunizations
- Cleaning, flushing, or soaking wounds on the surface of the skin
- Using wound closure devices such as butterfly bandages and Steri-Strips
- Using hot or cold therapy
- Using any non-rigid means of support (elastic bandages, wraps, non-rigid back belts)
- Using temporary immobilization devices while transporting an accident victim
- Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister
- Eye patches
- Removing foreign bodies from the eye using only irrigation or a cotton swab
- Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs, o
- Finger guards
- Massages
- Drinking fluids for relief of heat stress

EXEMPTIONS

Partially exempt industries (low-hazard industries) with 10 or fewer employees are exempt from routinely keeping
However, all employers covered by OSHA must report:

- All work-related fatalities within 8 hours
- All work-related inpatient hospitalizations, amputations, and losses of an eye within 24 hours

Check OSHA's list of partially exempt industries (based on NAICS codes) to determine if your establishment qualifie

POSTING REQUIREMENTS

The OSHA 300A Summary must be posted in the workplace from February 1 to April 30 of the year following the ye

The 300A Summary must be certified by a company executive before posting.

Keep these records for 5 years following the year they cover.

You must make the OSHA 300 Log, 300A Summary, and 301 Incident Report forms available to employees, former

HOW TO USE THIS KIT

1. OSHA 300 Log: Record each recordable injury/illness as it occurs. Use one case number per incident.
2. OSHA 300A Summary: Totals auto-calculate from the 300 Log. Complete company info, have an executive certify
3. OSHA 301 Incident Report: Complete one form per recordable incident within 7 calendar days of learning of the

Retain all records for a minimum of 5 years after the end of the calendar year they cover.

For questions, visit www.osha.gov or call 1-800-321-OSHA (6742).

[redacted]

tandard threshold shift), and

[redacted]

r other simple means

[redacted]

OSHA injury and illness records.

s for a partial exemption.

[redacted]

ear covered by the form.

employees, and their representatives.

[redacted]

, and post.

injury/illness.

#	Employee Name	Hazcom	Fall Protection	Confined Space	LOTO
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					

Legend

Green = Current (within 12 months)

Yellow = Expiring within 60 days

Red = Expired (over 12 months)

FORBES SAFETY SOLUTIONS

Safety Training Attendance Tracker — Annual

Year: _____

Ref: Various OSHA Training Requirements

Forklift	Crane Signal	First Aid/CPR	Scaffold	Excavation	Fire Extinguisher

Silica	Bloodborne	Electrical	Respiratory	Heat Illness

FORBES SAFETY SOL

Training Log — Running

Year: _________

Date	Topic	Instructor	Duration (hrs)

LUTIONS

Record

Attendees	Location
